Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

B

PERMIT

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PERMIT ISSUED

This is to certify that_

CITY OF PORTLAND /City

/City Portland Division

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ne and of the

I LIMIT TOOL

MAY 1 2 2005

has permission to _

Restroom Renovations 2nd f

027 C012001

epting this permit shall be

ences of the City of Portland regulating

tures, and of the application on file in

AT 389 CONGRESS ST

provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Ν ication inspec must' and wr n permis n procui gi dina or e this t be t thereo la d or d losed-in. R NOTICE IS REQUIRED. Н

of buildings and sta

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept.

Health Dept.

Appeal Board

Other

Department Name

PENALTY FOR REMOVING THIS CARD

City of Portland, 1	Maine - Bui	lding or Use	Permi	t Applicatio	n P	ermit No:	Is	SPER	MIT	122	UBU	_	
389 Congress Street,	,04101 Tel: ((207) 874-8703	3, Fax:	(207) 874-87	16	05-055	1				027	C012	2001
Location of Construction: Owner Name:			Own	er Address:		14.6	V 1	2 2	705 ^{ne:}	1			
389 CONGRESS ST CITY OF PO			RTLAN	D	389 CONGRESS ST MAY			(1)	۲.	1	1	1	
Business Name: Co		Contractor Nam	Contractor Name:			Contractor Addres:					Phone		
		City of Portla	nd /Trac	les Division	389 Congress Street Formato			OF F	POR	(Taoaan	1 350	0	
Lessee/Buyer's Name Phone:					Pern	nit Type:						7	Zone:
				J	Alt	terations - Co	mme	rcial					
Past Use: Proposed Use:						Permit Fee: Cost of Work:			k:	CEO District:			
1			stroom Renovations			\$156.00 \$15,000.0			00.00	00 1			
		2nd flr			FIR	E DEPT:	Ap	proved	INSPI				
							De	nied	Use C	Group:	・ソイ	Ty	ype:
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December 1 Product Product				<u> </u>	4						5/		$\S{\cal J}_{-j}$
Proposed Project Descripti Restroom Renovations									gnature Cal of				
Resiroom Renovations	s and Hr												
					PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						•		
					Actio	on: Appro	ved	Apj	proved v	w/Con	ditions	D	enied
					Sign	ature:				Da	ite.		
Permit Taken By:	Date A	pplied For:	1		1 8		- 4						
ldobson	1	0/2005	i			Zoning	z Ap	prova	1 1				
This permit applic	eation does not	nreclude the	Special Zone or Reviews			Zoning Appeal			1	Historic Preservation			
Applicant(s) from			Shoreland			☐ Variance				Not in District or Landman			
Federal Rules.	2 11		Silorelating			Variance				Not in District of Landman			
2. Building permits do not include plumbing,		Wetland			Miscellaneous				Does Not Require Review				
septic or electrical work.									ŀ				
3. Building permits are void if work is not started			Flood Zone			Conditional Use				Requires Review			
within six (6) months of the date of issuance. False information may invalidate a building			Subdivision			☐ Interpretation				Approved			
permit and stop al	l work												
			Sit	e Plan		Approv	ed				Approved	i w/Cor	nditions
			Maj Minor MM			Denied				Denied			
			Date:			Date:				Date:			
			C	EDTIFICATI	ON								
Lharahy cartify that Lor	n the owner of	record of the me		ERTIFICATI		1		. ,			c	•	
I hereby certify that I ar I have been authorized I	by the owner to	make this appli	med pro ication a	s his authorize	ne pro Lagen	posed work is it and Lagree	s autr	iorizea Informi	by the	owr	ier of rec	cord a	and that
jurisdiction. In additior	n, if a permit fo	r work described	d in the	application is is	ssued,	I certify that	the c	ode off	icial's	auth	orized re	eprese	entative
shall have the authority	to enter all area	as covered by su	ich perm	nit at any reason	nable l	hour to enforc	e th	e provi:	sion of	the	code(s)	applic	cable to
such permit.													
SIGNATURE OF APPLICANT			ADDRESS			DATE				PHONE			
								_			-		
DEGDOVOIDA =													
RESPONSIBLE PERSON IN	N CHARGE OF W	ORK, TITLE						DATE			P	HONE	

All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

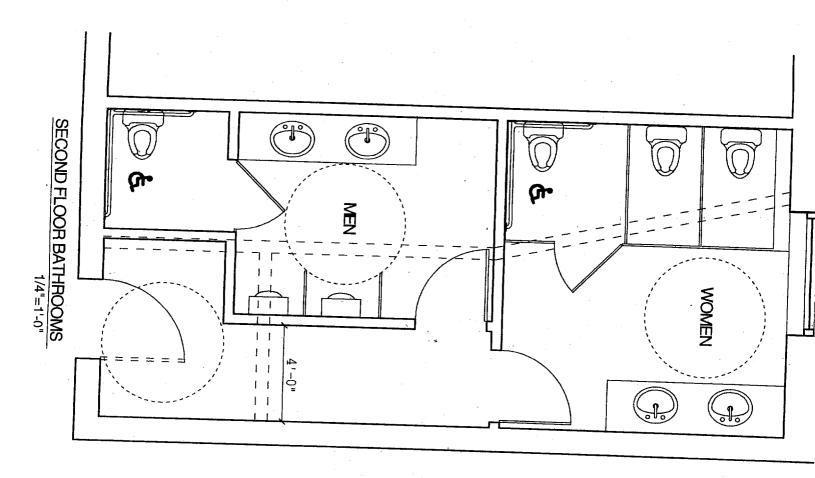
					· · · · ·		
Location/Address of Construction: 38	9 Conge	~e 55	St ,	2 nd	Floor	Restroom	
Total Square Footage of Proposed Structu	Square Footage of Lot						
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# ジン	Owner:	of.	Port	land		Telephone:	
Lessee/Buyer's Name (If Applicable) Applicant name, address & Cost Of Work: \$ 15,000 City of Portland The compress of: Fee: \$						ork: \$ /5, 60 0	
Current use: Rest Room							
If the location is currently vacant, what was prior use:							
Approximately how long has it been vacant: Proposed use: Project description:							
Contractor's name, address & telephone:		_	Divisi		_		
Who should we contact when the permit is ready: Bob Leeman 233-0350 Mailing address: Cit, of Portland, 389 Congress St. Portland ME 04010							
We will contact you by phone when the preview the requirements before starting ar and a \$100.00 fee if any work starts before	ny work, with	a Plan	Reviewe		work o		
IF THE REQUIRED INFORMATION IS NOT INCLU	IDED IN THE	SUBMIS	SIONS THE	E PERMIT V	WILL BE		

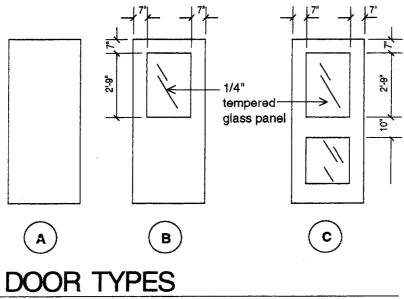
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, If a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

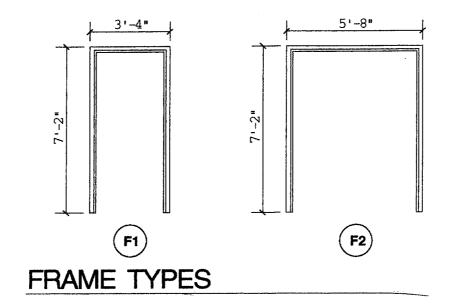
Signature of applicant:	9	 Date:	5/9/05	-
			7	

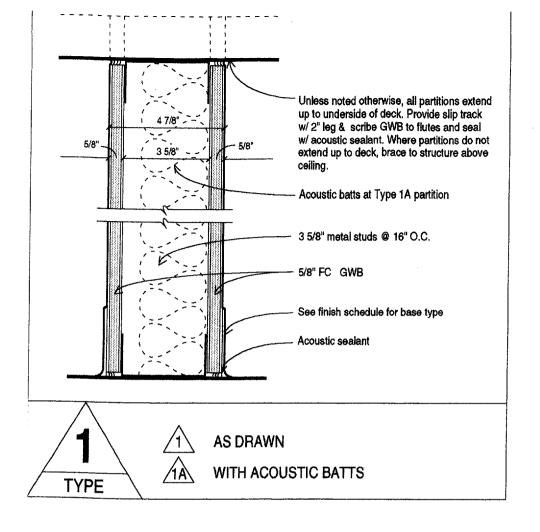
This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

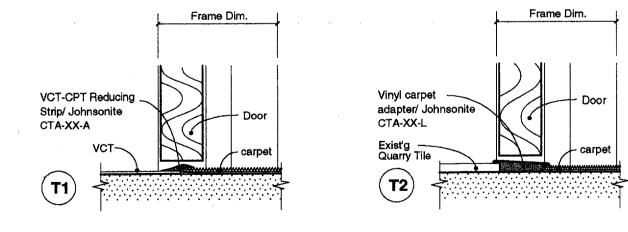




1/4" = 1'0"







THRESHOLD TYPES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place	ce upon receipt of your building permit.
Footing/Building Location Inspec	tion: Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electri	cal: Prior to any insulating or drywalling
Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.
Certificate of Occupancy is not required for you if your project requires a Certificate of Cinspection If any of the inspections do not occupance, REGARDLESS OF THE NOTICE	Occupancy. All projects DO require a final cur, the project cannot go on to the next
Signature of Applicant/Designee Signature of Inspections Official	Date Date
CBL: A / C / A Building Permit #	: <u>05057/</u>